

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

**ATTORNEY'S DOCKET
PG3733USW**

() Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

First Names Inventor:
Stephen Anthony
BURBIDGE

Complete if known:
App No.:

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEW USES FOR POTASSIUM CHANNEL OPENERS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 30 June 2000 as United States application Serial No. _____ or PCT International

Application Number PCT/GB00/02516 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1 9915414.8	GB	July 1, 1999	X
2			
3.			
4.			
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I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

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DECLARATION FOR "371" APPLICATION

371 12640 032002

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET NUMBER
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Send Correspondence to:	23347 PATENT TRADEMARK OFFICE	Direct Telephone Calls to: Bonnie Deppenbrock 919-483-1577
-------------------------	----------------------------------	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR BURBIDGE	FAMILY NAME BURBIDGE	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE 	Signature		Date:
0	RESIDENCE & CITIZENSHIP Stevenage	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR CLARE	FAMILY NAME CLARE	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL John
0	INVENTOR'S SIGNATURE 	Signature		Date:
2	RESIDENCE & CITIZENSHIP Stevenage	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR COX	FAMILY NAME COX	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 	Signature		Date:
3	RESIDENCE & CITIZENSHIP Stevenage	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR DUPERE	FAMILY NAME DUPERE	FIRST GIVEN NAME Joseph Jonathan	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 	Signature		Date:
0	RESIDENCE & CITIZENSHIP Greenwich	CITY Greenwich	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS 17 Guildford Grove	CITY Greenwich	STATE & ZIP CODE/COUNTRY SE10 8JY, GB	

DECLARATION FOR THE ATTACHMENT

2	FULL NAME OF INVENTOR	FAMILY NAME HAGAN	FIRST GIVEN NAME Russell	SECOND GIVEN NAME/INITIAL Michael
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS	Glax SmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME XIE	FIRST GIVEN NAME Xinmin	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Burlingame	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2633 Martinez Drive	CITY Burlingame	STATE & ZIP CODE/COUNTRY California 94010, US

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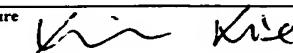
Send Correspondence to:	Direct Telephone Calls to:
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 Bonnie Deppenbrock
 919-483-1577

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2	FULL NAME OF INVENTOR BURBIDGE	FAMILY NAME BURBIDGE	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR CLARE	FAMILY NAME CLARE	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL John
	INVENTOR'S SIGNATURE	Signature		Date:
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2	FULL NAME OF INVENTOR COX	FAMILY NAME COX	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL
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2	FULL NAME OF INVENTOR DUPERE	FAMILY NAME DUPERE	FIRST GIVEN NAME Joseph	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date: X
0	RESIDENCE & CITIZENSHIP	CITY Cranfield	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3 East Road Wh rley End	CITY Cranfield	STATE & ZIP CODE/COUNTRY Bedf rdshire MK43 0TD, GB

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2	FULL NAME OF INVENTOR	FAMILY NAME HAGAN	FIRST GIVEN NAME Russell	SECOND GIVEN NAME/INITIAL Michael
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME XIE	FIRST GIVEN NAME Xinmin	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature 		Date: 15/1/2002
6	RESIDENCE & CITIZENSHIP	CITY Burlingame	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2633 Martinez Drive	CITY Burlingame	STATE & ZIP CODE/COUNTRY California 94010, US

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0	INVENTOR'S SIGNATURE 			Date: X
1	RESIDENCE & CITIZENSHIP CITY Stevenage	STATE OR FOREIGN COUNTRY GB		COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
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0	INVENTOR'S SIGNATURE 			Date: X
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0	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP CITY Cranfield	STATE OR FOREIGN COUNTRY GB		COUNTRY OF CITIZENSHIP GB

DECLARATION FOR "371" APPLICATION

4	POST OFFICE ADDRESS 3 East Road Whorley End	CITY Cranfield	STATE & ZIP CODE/COUNTRY Bedfordshire MK43 0TD, GB
2	FULL NAME OF INVENTOR HAGAN	FAMILY NAME <i>Rufa</i>	FIRST GIVEN NAME Russell
0	INVENTOR'S SIGNATURE <i>Rufa</i>	SECOND GIVEN NAME/INITIAL Michael	Date: x 19th December 2001
5	RESIDENCE & CITIZENSHIP Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR XIE	FAMILY NAME <i>Xie</i>	FIRST GIVEN NAME Xinmin
0	INVENTOR'S SIGNATURE <i>Xie</i>	SECOND GIVEN NAME/INITIAL	Date:
6	RESIDENCE & CITIZENSHIP Burlingame	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
6	POST OFFICE ADDRESS 2633 Martinez Drive	CITY Burlingame	STATE & ZIP CODE/COUNTRY California 94010, US

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2	FAMILY NAME COX	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL 
0	INVENTOR'S SIGNATURE 	Date:  19 th October 2001	
3	RESIDENCE & CITIZENSHIP CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
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I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1 9915414.8	GB	July 1, 1999	X
2			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	

LARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PG3733USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

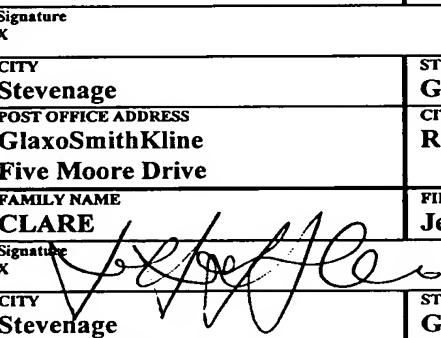
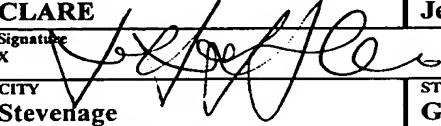
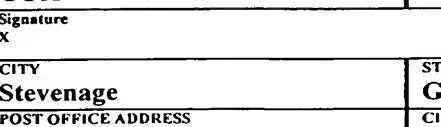
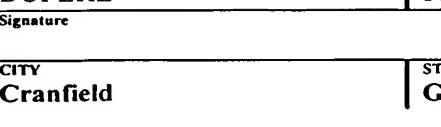
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

Send Correspondence to:

Direct Telephone Calls to:

Bonnie Deppenbrock
919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FAMILY NAME BURBIDGE	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Anthony
0	INVENTOR'S SIGNATURE 		Date: X
1	RESIDENCE & CITIZENSHIP CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FAMILY NAME CLARE	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL John
0	INVENTOR'S SIGNATURE 		Date: X 19/12/01
2	RESIDENCE & CITIZENSHIP CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FAMILY NAME COX	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 		Date: X
3	RESIDENCE & CITIZENSHIP CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FAMILY NAME DUPERE	FIRST GIVEN NAME Joseph	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 		Date: X
0	RESIDENCE & CITIZENSHIP CITY Cranfield	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB

DECLARATION FOR "371" APPLICATION

4	POST OFFICE ADDRESS 3 East Road Whorley End	CITY Cranfield	STATE & ZIP CODE/COUNTRY Bedfordshire MK43 0TD, GB
2	FAMILY NAME HAGAN	FIRST GIVEN NAME Russell	SECOND GIVEN NAME/INITIAL Michael
0	INVENTOR'S SIGNATURE <i>X</i>	Date: <i>X</i>	
0	RESIDENCE & CITIZENSHIP Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FAMILY NAME XIE	FIRST GIVEN NAME Xinmin	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE <i></i>	Date: <i></i>	
0	RESIDENCE & CITIZENSHIP Burlingame	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
6	POST OFFICE ADDRESS 2633 Martinez Drive	CITY Burlingame	STATE & ZIP CODE/COUNTRY California 94010, US

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY

Declaration submitted with initial filing or
 Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET
PG3733USWFirst Names Inventor:
Stephen Anthony
BURBIDGEComplete if known:
App No.:

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEW USES FOR POTASSIUM CHANNEL OPENERS

the specification of which (check only one item below):

 is attached hereto.

OR

 was filed on 30 June 2000 as United States application Serial No. _____ or PCT InternationalApplication Number PCT/GB00/02516 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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1 9915414.8	GB	July 1, 1999	X
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Application No.	Filing Date (MM/DD/YYYY)
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DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER
 PG3733USW

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**STATUS (Check one)**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

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 Bonnie Deppenbrock
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2	FULL NAME OF INVENTOR BURBIDGE	FAMILY NAME <i>Stephen Burbidge</i>	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Anthony
0	INVENTOR'S SIGNATURE <i>X</i>			Date: <i>X 19.12.2001</i>
	RESIDENCE & CITIZENSHIP Stevenage	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR CLARE	FAMILY NAME <i>Jeffrey</i>	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL John
0	INVENTOR'S SIGNATURE <i>X</i>			Date: <i>X</i>
	RESIDENCE & CITIZENSHIP Stevenage	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR COX	FAMILY NAME <i>Brian</i>	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE <i>X</i>			Date: <i>X</i>
	RESIDENCE & CITIZENSHIP Stevenage	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR DUPERE	FAMILY NAME <i>Joseph</i>	FIRST GIVEN NAME Joseph	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE <i>X</i>			Date: <i></i>
	RESIDENCE & CITIZENSHIP Cranfield	CITY Cranfield	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB

DECLARATION FOR "371" APPLICATION

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2	FULL NAME OF INVENTOR HAGAN	FIRST GIVEN NAME Russell	SECOND GIVEN NAME/INITIAL Michael
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5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR XIE	FIRST GIVEN NAME Xinmin	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 	Date:	
6	RESIDENCE & CITIZENSHIP CITY Burlingame	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP GB
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